

P A T E N T

UNITED STATES PATENT AND TRADEMARK OFFICE



In re:

Albert Chin et al. Confirmation No.: 2449

Serial No.: 09/898,710

Examiner: M. Eashoo

Filing Date: July 3, 2001

Group Art Unit: 1732

Docket No.: 1001.1468101

Customer No.: 28075

For: MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL
ORIENTATION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613609 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5th day of April 2004.

By Kathleen L. Boekley
Kathleen L. Boekley

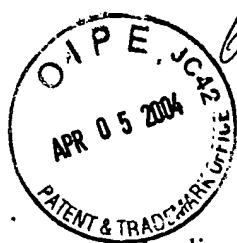
Dear Sir:

This paper is in response to the Final Office Action mailed February 6, 2004, with a priority period set to expire on April 6, 2004 and a shortened statutory period set to expire on May 6, 2004. This paper is filed within the set priority period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



A-6-04

IMAG1
AF
FBI**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Albert Chin et al. Confirmation No.: 2449
Serial No.: 09/898,710 Examiner: M. Eashoo
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TRANSMITTAL SHEET

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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By Kathleen L. Boekley
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We are transmitting herewith the attached:

- Amendment After Final
 No additional claim fee required
 The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

[] A check in the amount of \$_____ is enclosed. Itemization:

Fee Code _____ \$

Fee Code _____ \$

Fee Code _____ \$

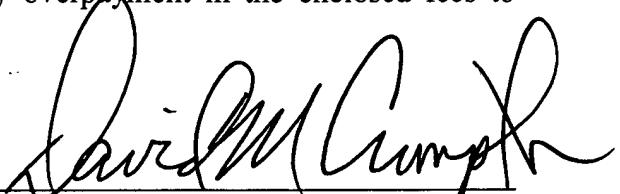
[] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[] Other: _____.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:



David M. Crompton, Reg. No. 36,772

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